

CA3 ON HW C69
A56
1979


URBAN/MUNICIPAL



Annual Report

1979

Hamilton-Wentworth Regional Board of Health



Digitized by the Internet Archive
in 2023 with funding from
Hamilton Public Library

<https://archive.org/details/annualreporthami00unse>

HAMILTON PUBLIC LIBRARY

JAN 05 1984

GOVERNMENT DOCUMENTS



From Left to Right: Councillor James MacDonald, Councillor Max Taylor, Councillor James Stowe, Dr. A. I. Cunningham, Councillor Jack Southall, Councillor Harold Tossell, Mrs. Joan McCluskey, Councillor Betty Ward.

Absent: Mrs. Janet Farley, and Councillor Pat Valeriano

TABLE OF CONTENTS

Message from the Chairman	4
Report of the Medical Officer of Health	5
Report of the Nursing Division	7
Report of the Planned Parenthood Division	10
Report of the Dental Division (Treatment & Prevention)	11
Report of the Child & Adolescent Clinic	17
Report of the Inspection Division	20
1979 Expenditures & Financial Statement	23
Communicable Diseases	24
Immunizing Agents Distributed to Physicians	24
Causes of Death	25
Venereal Disease Statistics	25
Demographic Summary	26

**HAMILTON-WENTWORTH REGIONAL HEALTH UNIT
LOCAL BOARD OF HEALTH**

Chairman:	Councillor J. Southall
Vice-Chairman:	Mrs. J. McCluskey
	Councillor J. MacDoanld Councillor J. Stowe Councillor M. Taylor Councillor P. Valeriano Councillor B. Ward Councillor H. Tossell
Provincial Representatives:	Mrs. J. McCluskey Mr. J. Sams
Secretary-Treasurer & Personnel Officer:	Mr. D. W. Elder

MEDICAL OFFICER OF HEALTH

A. I. Cunningham, M.D., D.P.H., D.T.M.H.

ASSOCIATE MEDICAL OFFICER OF HEALTH

L. M. Browne, M.B., Ch.B., D.P.H.

Director & Chief Psychologist Child & Adolescent Services	Mary Blum-Devor, M.A.
Director, Public Health Dental	G. Tipping, D.D.S., D.P.H.
Director, Public Health Inspection Services	A. A. Tomlinson, C.P.H.I.(C).
Chief Public Health Inspector	F. Shimoda, C.P.H.I.(C).
Director, Public Health Nursing Services	D. S. Marshall, B.A., Reg.N., P.H.N.
Associate Director Public Health Nursing Services	D. F. Unsworth, Reg.N., B.N.

Message from the Chairman



It has been my privilege and my pleasure to serve as Chairman of the Hamilton-Wentworth Board of Health for the year 1979.

This has been a year of significant accomplishment, mainly because of the excellent co-operation existing between the Health Board, M.O.H. Dr. Ian Cunningham, and every member of the staff.

We have successfully negotiated all contracts, including Local No. 50 Ontario Nurses Association, C.U.P.E. representing the Health Inspectors and their clerical staff, as well as with our administrative staff.

This year's Board can be proud of a long list of achievements:

The Board approved the transfer of East End Nursing Services to the refurbished first floor at 74 Hughson Street South. The Main Office nurses moved from the third floor to share the new area with the East End staff.

The Public Health Inspection Department was centralized and located in the old nursing quarters on the third floor at 74 Hughson South.

Blood sampling was done in the Region to determine the level of immunization of the population through a serological survey in co-operation with the Ministry of Health.

The Board sent a motion to the Association of Ontario Boards of Health: "All children prior to entry into the school system in the Province of Ontario be required to provide evidence of complete immunization according to the Guide Lines of the Ontario Ministry of Health".

A preliminary policy was established in regard to compliance with the Child Welfare Amendment Act for dealing with cases of child abuse. This policy outlined the responsibility of the Public Health Nurse and Child and Adolescent staff in suspected cases of child abuse.

The Public Health Nurses participated in an article "All in a Day's Work for a P.H.N." for the Ontario Nurses' Association newsletter.

The Board endorsed the declaration of Public Health Nursing Week - September 23 - 30, 1979.

Plans were set in motion for hosting the 1981 Association of Ontario Boards of Health Conference.

The Board participated in testing vision and ocular ability of pre-school children in day nurseries with the Society of Optometrists, Hamilton and District, and the School of Optometry of the University of Waterloo.

The Child and Adolescent Services' East End Clinic was relocated to 78 Queenston Road.

The Hearing/Vision testing programmes were continued in Region schools.

The Board initiated a nutrition evening December 5th, 1979 for area high school students and school cafeteria operators.

The evening which was designed to kick off and promote the Honorable Dennis Timbrell's "Food for Health" contest was a great success for the 88 people in attendance.

The Nutritionists that spoke, the guitarist who entertained and the celebrities who participated all contributed their talents to make it a great evening.

Our gratitude goes to the Spectator for hosting the event in their beautiful auditorium and providing an exemplary dinner.

We are also grateful to C.K.O.C. for their work on the "Nutrition Jingle Contest". The arrangements for this contest were announced at the dinner by Mr. Conn Stevenson.

This year the Board of Health designed a "Community Public Health Award" and this award was presented to the Spectator for their outstanding contribution to the Health of the public in educating its readers on the Abuse of Drugs. Their "Drugs Now" series was made available free of charge to the young people at the December 5th dinner.

A Provincial dental survey was conducted on school children in the Hamilton-Wentworth Region.

The old Inspection area on the third floor at 74 Hughson South was refurbished to be used as a meeting and in-service training room.

It gives me pleasure to say "thank you" to all the Board members for their conscientious service, to Mr. Don Elder, secretary-treasurer personnel officer, for his co-operation; to our staff for their fine work in direct service to the people of this Region, and especially to Dr. Ian Cunningham for another year of devoted service.

I know we can look forward with confidence to another successful year of continuing service by this Board under the capable chairmanship of Mrs. Joan McCluskey.

Respectfully submitted,

Councillor John M. Southall

Annual Report of the Medical Officer of Health - 1979

To the Chairman of The Board of Health:

I am grateful for your message which covered so many of the activities of the Health Unit staff. You have noted not only our changes in the office space, but also the survey we have done in regard to immunization state and the vision testing of preschool children. For these remarks and for your help in 1979, may I thank you and report the following matters for the interest of the Board of Health.

No More Smallpox:

On the 26th of October, 1979, two years had elapsed without one proven case of smallpox being detected throughout the world. The World Health Organization provisionally declared that smallpox had been eradicated. Shortly thereafter, the Ontario Ministry of Health ceased to distribute smallpox vaccine and many countries repealed the legislation within their jurisdiction demanding smallpox vaccination.

Smallpox has been known throughout recorded time and has killed many millions of people. Mass vaccination, combined with careful case-finding, brought about this triumph of preventive medicine.

Smallpox has been a major worry of public health officials. Modern travel and housing allowed the importation and the spread of the virus. Other viral diseases however, exist (i.e., Ebola Fever and Marburg Fever) which like smallpox can be transported from tropical countries and spread in modern air-conditioned buildings. In this city, we are revising our smallpox disaster plan to deal with the management of these few highly communicable diseases. Much of the planning and most of the equipment is in the hands of the medical personnel of the Canadian Armed Forces which, through force of circumstance, has the most experience with these kinds of transmissions. In this Province, we have the skills to identify these diseases quickly but at this time treatment of a case requiring isolation and special equipment would require facilities and staff available from the Federal Government only.

Hazards Arising From Toxic Substances (Carbon Monoxide)

In January, the Public Health Inspectors visited a large ice skating arena to determine the level of carbon monoxide gas on the ice. Several junior hockey players had collapsed and revived on being taken outside. Our measurements suggested that there was an accumulation of carbon monoxide arising from the ice cleaner and this had been made worse by a recent thaw which mimicked a thermal inversion and kept the carbon monoxide concentrated on the colder ice surface. Improving ventilation and tuning the ice cleaner removed this hazard.

Hazards Arising From Toxic Substances (Asbestos)

In July, the Globe and Mail ran a front-page story in regard to Dundurn School in Hamilton, in which the paper stated that students were being exposed to asbestos fibre. An official of the Ontario Government was quoted as condemning such a situation.

Mr. W. Blazewicz, our Public Health Inspector, visited the premises and stated that it was dusty and tended to remain dusty because of the deteriorated state of asbestos applied to the ceiling of the first two floors. The building, in fact, is an old large three story textile mill which had been converted into a school and a library, etc. In the late 60's and in compliance with the best advice of the times, the Board of Education fire-proofed the building by coating the ceilings of the lower two floors with asbestos.

Reports from two Ministries of the Government of Ontario and others had indicated a need to tidy the premises up by sealing the asbestos in place with a false ceiling, but none of the investigators had suggested an immediate hazard to health.

The Globe and Mail article started a public debate. Some people were advocating that the building be immediately emptied. This contradicted the official advice that the Board of Education had received in previous years. Since there was such a difference of opinion, I was pleased that the Board of Health agreed to hiring Dr. D. C. F. Muir, Director of the Occupational Health Programme, McMaster University, to act as a consultant on this matter. Dr. Muir inspected the premises on the 3rd of August and ascertained that loose pieces of asbestos (Amosite) were falling from the ceilings and he stated:

"This situation is not acceptable for a building in daily use. Fibre counts do not help in assessing the problem because levels used in industry cannot be translated into levels reputed to be safe for general exposure in the community".

I learned a great deal from this episode:

- Technical, especially medical, opinion changes over a decade is as yet no consensus on standards for general exposure to the community.
- There is a strong body of opinion among informed practitioners that no amount of substances such as some forms of asbestos can be considered safe. Consequently, wherever possible, exposure should be minimized and, if possible, eliminated.
- The number of experienced physicians who can assess the danger from exposure to chemicals (in this case, asbestos) is relatively small.

- The experience of exposure and damage done by the exposure is usually related to an industrial exposure of eight hours and these standards are not usually a guide to measure the general exposure in the community.
- Many materials are ubiquitous (Example: asbestos) and it is therefore important to ascertain not only their clear identification (in this case amosite versus chrysotile) but to determine whether the substances are bound and out of harms way or combined chemically as in the dust from a brake drum which acts differently from other forms of asbestos.

In the 1940's, we often used the metaphor of the cornucopia of modern science. Science brought us nylon, sulfa drugs, synthetic rubber and over the decade, many more useful substances. Latterly there has been a concern in regard to the side effects of the use and manufacture of many modern chemicals. Asbestos, vinyl chloride and chloroform have all been suspected of causing cancers. In this community, the number of deaths in which these substances can be clearly identified as causative agents are few, indeed, and are virtually imperceptible on the background of other cancers.

Nevertheless, it is clear that many beneficial chemicals being with them detrimental side effects which must be identified and, if possible, prevented. It is important that Boards of Health, the Ministry of Health and the Ministry of Labour gather and disseminate the information necessary for the education of the public and the development of public policy.

Mississauga Disaster:

On Sunday morning, the 11th of November, Chief Torance, Chief of Police for this Region, phoned me to state that he had information indicating that the hospitals in the Region should expect patients to be transferred from Mississauga to hospitals in lower Hamilton. As well, the officials at the Mississauga disaster site were studying the movement of gases to ascertain if the bases, suspected of being chlorine, would drift into Hamilton.

Within twelve hours, 215 patients and seven infants had been transferred by ambulance from Oakville and Mississauga and were accommodated in the hospitals of this Region.

No toxic gases arrived in Hamilton.

It is interesting that one of the great civil emergencies in the history of Ontario was precipitated by an explosion and consequent spread of gas. And all the agents involved in this had been known for over 50 years.

The Indochinese Refugees

(as prepared by Dr. L. Browne)

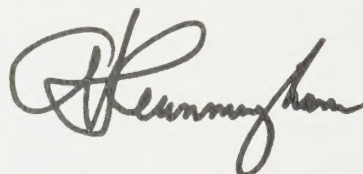
Early in 1979, the federal government began sponsoring refugees from Indo-China and, at the end of that year, about 300 "Boat People" had settled in the Hamilton-Wentworth Region. Since then, other Indo-Chinese refugees have followed and have been sponsored by private groups such as churches, etc.

Before entering Canada, each refugee had to undergo and pass a medical examination. In addition, the sponsors undertook to assist them in settling in their new environment. This included placing them under the care of family physicians and dentists and giving them financial support for a period for up to one year.

The staff of the Health Unit consulted with the family physicians and dentists who attended these families and ensured that any refugee who needed medical surveillance was located and referred for investigation and treatment as necessary. Again, experience has shown that these people should be considered as non-immunized population. Thus, their immunization schedules were tailored accordingly by their physicians and by the Health Unit.

In October, 1979, the Health Unit carried out a survey to find out how the "Boat People" were coping in this area. It was found that their medical needs were being adequately taken care of, but their chief concern was a lack of employment.

All of which is respectfully submitted



A. I. Cunningham, M.D., D.P.H.,
D.T.M.H., (London),
Medical Officer of Health

Annual Report of the Nursing Division for 1979

This has been a very busy year. Budgetary restraints continued to limit the number of nurses and the development of new services and programs.

The largest proportion of time was spent in home visiting. There was an increase in home visiting. There was an increase of 1,405 hours in visiting time. This is in part due to a greater involvement on the Continuing Care Teams for **Child Abuse Cases**. For these cases there is also considerable time spent in the coordination with other Community workers. Several nurses had had to appear in court in connection with Child Abuse Cases. Involvement is long term, time consuming and stressful for staff. We hope that the coordination of various agencies will be of benefit to these children and their families. Such families present a variety of needs that cannot be met by one agency alone.

The Director of Associate Director of Nursing have served on the Community Child Abuse Management Team which holds weekly meetings.

Prenatal Classes:

We are involved in three types of prenatal classes.

(1) Early Pregnancy Class:

This class is held monthly for couples where the wife is in the early stages of pregnancy. We hope to stimulate interest in nutrition, emotional and physical changes and general well-being. The couples have many questions to ask. The classes are staffed by Child Birth Educators from the Victorian Order of Nurses, Mohawk College and this Health Unit. Couples are encouraged to attend a full series of classes to meet their needs.

(2) Couples Classes:

In 1979 the Public Health Nurses taught 20 series of 7 classes. The locations were the Mountain and Dundas offices of the Health Unit, Laurier and Scott Park Recreation Centres and Central Park School in Dundas. The registration was 418 people (213 women, 205 men). Twelve nurses conducted these classes as a part of their regular duties. There are always requests for more classes.

(3) Classes for Single Women:

These were held weekly at the Ottawa Street Y.W.C.A. and were staffed by a Public Health Nurse and a Social Worker from the Catholic Childrens' Aid Society. Registration for the classes was 342 with an average monthly attendance of 28.5%.

Meetings with Vietnamese Refugees:

Our nursing staff was presented with a challenging situation with the arrival of pregnant Vietnamese Refugees.

We realized that our nutrition hospital procedures, child birth experience and infant care would be very strange to them. Since most of these women were housed in one apartment building at this time, a Public Health Nurse held meetings with these women to acquaint them with as much information as we could to relieve their fears.

Miss Lorraine McFadden, Supervisor, is a member of the Childbirth and Parent Education Committee, and the area Prenatal Education Committee. This provides a liaison for the Health Unit with these groups, keeps the Nursing Division up-to-date in regard to prenatal and obstetrical care in this region. Because of the visiting we do to pregnant women and new infants, we are able to provide other member's of the committee with the consumer viewpoint of these services.

Maternity Liaison:

Public Health Nurses visit the Maternity Wards at St. Joseph's Hospital, Henderson and McMaster Hospitals to accept referrals for follow-up visits at home. The nurses talk to many of the new mothers on the wards as well. Home visits are made to mothers of first born babies, babies at risk or mothers who may be in need of nursing care, teaching or support.

Number of referrals for this region	— 2023
Number of referrals for other regions	— 1098

Inservice for Prenatal Education:

Two nurses attended a prenatal workshop sponsored by the International Childbirth Association.

The coordinator and all prenatal class teachers attend a workshop sponsored by the Hamilton District Prenatal Education Committee.

We began teaching Prenatal classes in 1950.

School Health Services:

The School Health Program continues to provide a worthwhile service to students in all grades in schools in the region. Service consists of various screening procedures, home visits, immunization, communicable disease surveillance, and counselling services. We constantly endeavour to provide health teaching and promotion.

	School Population	No. Schools
Elementary	59,013	190
Secondary	26,973	34
	85,986	224

Early Identification Screening Program:

As we have done for many years, we have offered a health interview to the parent of every child entering school.

Health histories are obtained and mothers counselled about health problems and immunisation. All mothers were requested to have the children examined by their family physician.

Vision and Hearing Screening is done in Kindergarten.

Vision and Hearing Testing:

Vision:

Number of students tested	15,208
Number students passed	13,924 (91.5%)
Number students referred....	1,284 (8.45%)
Total	15,208 (100%)

Hearing:

Number of students tested	17,086
Number students passed	16,080 (94.12%)
Number students referred ...	1,006 (5.88%)
Total	17,086 (100%)

Tested by Audiologist:

Number of students scheduled for clinic	1,006
Number students passed	262 (26.04%)
Number students failed	219 (21.76%)
Number to Family Doctor	123 (12.24%)
Number missed appointments .	402 (39.96%)
Total	1,006 (100%)

2nd appointments made from
missed appointments 126 (12.52%)

Immunization:

To complete the program from 1978, 218 doses of D.P.T. were given.

Pediculosis:

Once again the number of cases of Pediculosis caused great concern for parents, teachers, and nurses. This problem caused an increased use of nursing time in school, home and office. Inspections were conducted, advice given to parents about treatment and countless phone calls from parents were answered.

Scoliosis Screening:

Again, we offered Scoliosis Screening to all students in grades 7 and 8.

Number screened by nurses	15,341
Number referred	1,710
Number screened at Orthopaedic Clinic	1,495
Number of code 3's (curve over 16°)	41

One of the students referred to Scoliosis Clinic by the nurse was assessed by the Orthopaedic Surgeon as a Code 3 with possible Marfan's Syndrome and referred for further assessment. The family had previously been concerned about the child's lack of muscle development and had consulted a neurologist. No diagnosis was made at that time. The child is now under the care of a Paediatrician and Cardiologist and is also to have an eye examination by an Ophthalmologist.

Geriatric Service:

In 1979, there was an increase in visits to Senior Citizens.

	Visits Made	Increase
Ages 65 to 74	4,262	182
Ages 75 and over	10,368	1,333

The geriatric recluses are few in number but present the greatest challenge to the nursing staff because of the patient's reluctance to accept assistance or services that might prolong life or add to the quality of life.

As new Senior Citizens Apartments are opened for occupancy, we offer health services to the tenants. Assistance in dealing with the multiplicity of prescribed medications is one of our most important tasks for the elderly. Communication with doctors, nutrition counselling, assistance in procuring non nursing services and other nursing services such as the taking of blood pressure, measurements and toe nail cutting are some of the services we provide. We could enrich our program by more group activities if we had more staff available. We now provide service in 19 apartments throughout the region.

We also receive referrals for service from senior citizens themselves, landladies, family members, doctors, lawyers and other community agencies. We respond to all referrals and continue service as long as necessary.

We completed assessment on 437 individuals for the Assessment and Placement Service. If placement in other than their own home was indicated, we continued to provide or arrange for the necessary services until satisfactory placement was done.

Many seniors can manage in their own home with some nursing care and other community services. We encourage them to do so.

Liaison with Group Medical Practices:

We have liaison nurses working with six Group Medical Practices. Referrals are made for home visits. These visits provide a close link between doctor and patient save visits to doctors especially when the patient's locomotion is a problem and provide the opportunity for the patient to use many community services.

We had planned to have a nurse to start the Nurse Practitioner course this year but we were unable to do so because of the lack of a Medical Preceptor.

Number of nursing visits in '79	3,864
Number of cases active 79/12/31	306
Number of physicians involved	32

Community Social, Vocational and Rehabilitation Project re: Schizophrenic Patients:

This research project under the direction of Dr. S. Dermer is now in its third year. We have two Public Health Nurses working half time in this project. Mrs. Jane Kawamura and Mrs. Mary Pain were in the project for two years and have now been replaced by Mrs. Cotilda Ofofu and Mrs. Ellen Souter. These nurses work in this community clinic or other community settings with other community workers to assist selected Schizophrenic patients. It is hoped that by giving these clients support and back-up in the community, they will be able to cope better and remain out of hospital longer.

Home Care:

We made many visits to patients on the Home Care Program.

Home Care visits 1979 1,960

Home Care visits 1978 1,356

Increase in visits 604 (44.54%)

These visits involved direct nursing care such as injections, taking of blood pressure readings, supervision of medications, mental health support and the coordination of other community services.

Service for Fireman Recruits:

Number of Hearing tests done 29

Number of Vision tests done 29

Immunization to Firemen 246 Tet-Polio

Community Survey of the Role of the Public Health Nurse in Schools:

This study requested by the Board of Health and the Boards of Education is in progress under the direction of

Dr. William Feldman of McMaster University. The Director of Nursing and Mrs. Ellen Gillespie, PHN were two of the investigators. The results have not been tabulated as yet. We hope the results will be ready early in 1980.

Change of Location:

In February, the Nursing Staff formerly of the East office on Roxborough Avenue were moved to the Headquarters office at 74 Hughson Street South. They shared the first floor with the Main Office staff which had been on the third floor. This brought some problems of transportation and parking.

Staff Changes:

Mrs. Emily Morrison retired after 21 years of service. Miss Dien Kole retired after 15 years of service. We hope they have many happy years ahead. Two nurses, Miss Paula Salata and Mrs. Maureen Montemuro, were granted leave to study for a Masters Degree. We had six nurses request Maternity Leave this year.

Respectfully submitted,

Dorothy S. Marshall,
Director of Public Health Nursing Services

Family Planning Annual Report

The past year of 1979 as we all are aware was the International Year of The Child. Numerous activities and projects centred around the theme of "The rights of the child". The Planned Parenthood Federation adopted the mottos "For the sake of all that matters, plan parenthood" and "make them feel wanted". We supported this theme by our activities with the youth of our community.

Birth rates are decreasing all over the Western world in every age group but one - Canada is not immune to this trend. For the 15-19 age group especially, since adolescent women as well as adolescents under the age of 15 years, the birth rate is increasing.

It is estimated that over 1000 adolescents became pregnant every week in Canada. A Canadian study found that 95% of the teenagers going to birth control clinics are already sexually involved. Between one-fourth to one-third of Canadian women who marry at 18 years or younger are pregnant with the proportion larger in the case of those 16 years or younger. With this information it is imperative that the services of a clinic offering counselling, birth control information and doctors' services be made readily available to the adolescent.

The Hamilton area is fortunate to have such a clinic and the statistics of the Hamilton-Wentworth area support its worth:

Pregnancy rates to women under 20 years per 1000.
Female population age 15 to 19 years.

	1975	1976	1977
Canada	49.6	48.9	46.6
Ontario	56.0	54.2	51.8
Hamilton-Wentworth	62.3	61.6	58.0

The comparison of pregnancies in this area over a three year period is encouraging.

	1975	1976	1977
Total pregnancies	1215	1202	1136

There is still a tremendous job left to be done in this age group as well as recognition that pregnancies are increasing at an ever increasing rate in young women under 15 years of age.

Our young people mature at a younger age (12-13 years) and they have grown up in a society that seems more accepting and tolerant of pre-marital sexual activity. They are physically mature while too emotionally immature to accept responsibility for their sexuality and the resulting consequences. They need information, counselling and referral services. They need a concerned, caring person to talk with - every situation and every contact contains an element.

For potential education. Let us **not** overload the opportunity!

If we ensure that our young adolescents are prepared for the responsibility of parenthood, we shall have a much better hope of achieving the right of every child to be wanted, nurtured and given the best possible chance in life.

Respectfully submitted

Mabel Burns
Director of Planned Parenthood Clinic

Staffing Pattern - 1975 - 1979

	1975	1976	1977	1978	1979
Nursing Staff	74	75	69	75	74
Nursing Supervisors	5	5	5	5	5
Nursing Administration	2	2	2	2	2
Public Health Inspectors	17	17	17	18	18
Public Health Inspection Administration	2	2	2	2	2
Dental Staff	15	14	17	15	15
Clerical/Administration Staff ..	27	27	24	25	26
Child & Adolescent Clinic	16	15	17	16	16
Medical Officer of Health etc.	2	2	2	2	2
Totals	160	159	155	160	160
Part-Time Staff	25	24	24	21	21
Grand Totals	186	183	179	181	181

Hamilton-Wentworth Regional Health Unit purchases clinical service from the Planned Parenthood Centre and provides fiscal services to the Centre.

Annual Expenditures (in millions) \$ 3,907
Ratio of Staff/Gross Expenditures 21,587

Dental Division Annual Report 1979

The preventive and clinical areas of dentistry continued to be serviced in this area throughout the year. The scope of the entire program remained fairly stable, however, budgetary restrictions continued to hamper us from expanding coverage to a more suitable level, especially with respect to preventive services.

Staff Changes:

The unit was sorry to lose the long term services of Mrs. Lucy Skrodelis and Mrs. Jean Tyce by reason of their retirement. Best wishes are extended to them both from all the staff.

Mrs. Diane Wallace left the Division to assume full-time responsibilities as a new mother and Mrs. Judy Griffith and Miss Kim Malyk were hired as the new dental assistant replacements.

Dr. Shivo Tandan departed in September to undertake post-graduate studies in dental public health at University of Toronto. His position was not filled in the interim period and his return to the unit will be most welcomed in 1980.

Dental Treatment Program:

Many Hamilton residents continue to benefit from the dental treatment services afforded at no charge to children of lower income families. This service is one of only a handful of similar programs carried on throughout Ontario and continues to be extremely well received by participants as well as fellow health professionals. Although the number of staff days worked in the clinics during 1979 was significantly reduced because of graduate studies, the quantity of provided services increased by over 20%. This increase in productivity along with a continued monitoring of quality, must be considered a definite credit to the staff involved.

The only major problem experienced in the treatment clinics was in the area of expendable supply costs. The rise in cost of silver alloy has risen over 6 fold during the past year and this can be translated into several thousands of dollars. Increases in all other supplies, although not so dramatic, are pushing the budget up in alarming fashion and it is a real problem which will have to be faced in the near future.

Special Treatment Programs:

1. **Chedoke Hospital Anesthetic Facilities** were utilized at a considerably lower level than in previous years. This must be looked upon as a very positive move in that our clinics are handling problem cases in house, without the potential dangers of unnecessary general anesthetic usage. It also points out that fewer major problems are being encountered as the dental health of the area's children continues to improve.

2. **St. Peter's Dentre Geriatric Pilot Program**, which started in 1978, was terminated on July 26, 1979,

with the exception of emergency procedures, which continue to be provided by dental unit staff. A great deal was accomplished and learned from this study and it is hoped and tentatively planned that this study will form the base for a more comprehensive and complete geriatric dental program for needy local citizens in the very near future.

During the fifty afternoon clinics held, services to the approximate value of \$6,000 were provided to residents of St. Peter's Centre.

3. **Minor Interceptive Orthodontic Treatment** was again provided to selected clinic patients due to the lack of a dental teaching institution in our area which could aid us in the carrying out of low-cost orthodontic procedures.

The following are some basic statistics on this service:

- a) 9 patients treated within the 8-12 year age range
- b) 5 space regainers
- c) 1 anterior cross-bite correction
- d) 1 palatal expansion
- e) 1 functional occlusion and bite restorer

4. **Specialists Services** in the form of oral surgeons were called upon to provide care for several children with problems beyond our clinics' scope. The Health Unit contributed approximately \$300.00 toward this service while patient's O.H.I.P. coverage carried the remainder.

General Treatment Statistics:

1. Summary of Recall Patients for 1979 and Comparison to 1978.

Child's Age	Caries Present		Caries Free	
	1978	1979	1978	1979
3	—	1	—	6
4	4	9	10	24
5	21	21	42	64
6	43	54	63	78
7	81	80	79	83
8	85	107	85	109
9	84	97	94	108
10	88	96	93	100
11	85	91	90	115
12	66	90	86	106
13	87	97	83	105
14	51	73	73	86
15	63	78	61	93
16	33	63	38	74
17	18	27	38	37
18	6	18	8	25
19	1	8	2	4
20	1	3	1	2
21	—	2	—	—
	<u>817</u>	<u>1015</u>	<u>946</u>	<u>1219</u>
Total Recals 1978 = 1,763		1979 = 2,234		

2. Monetary Statistics (Including St. Peter's Centre & Orthodontics)

		Approx. Cost of Providing Service	Estimated Retail Value
Individual Patient			
Examinations	3,828	\$ 34,910	\$ 45,936
Extractions -			
Deciduous Tooth	848	5,799	7,632
Extractions -			
Permanent Tooth	269	2,872	3,766
Total radiographs	8,358	25,390	33,432
Prophylaxes	3,515	46,730	61,512
Fluoride Applications . . .	3,214	21,965	28,926
Dental Restorations:			
1 surface amalgam	3,072	31,511	41,474
2 surface amalgam	2,468	52,520	69,104
3 surface amalgam	549	13,759	18,129
Anterior or Composite . . .	590	9,847	12,980
Stainless Steel Crowns . . .	9	164	225
Miscellaneous			
Pulpotomies (deciduous) . .	359	6,811	8,975
Endodontics (permanent) . .	77	8,179	10,780
Space maintainers	36	2,188	2,880
Other (post-operative checks, suture removal, ortho adjustments, Parent consultations, temporary restorations etc.)	1,999	9,109	11,994
Orthodontic Appliances . . .	9	793	1,050
St. Peter's Miscellaneous			
Denture repairs, relines & adjustments . . .	19	328	445
New Dentures	5	656	875
Total Operations	29,224	\$273,531	\$360,115

DENTAL PREVENTION AND EDUCATION PROGRAM

This valuable service continued to be made available to children of Hamilton and Wentworth County throughout the course of the year. The format was changed somewhat in mid-year so that all schools in our area would receive visits to selected grades, rather than all grades in only selected schools as in past years. It is anticipated that as staff levels grow to a more acceptable level, that all children up to grade 8 in the entire jurisdiction will be seen at least once during every school year.

REGULAR ACTIVITIES:

City of Hamilton: Children from kindergarten and grades 1, 3, 5 and 6 in all of the city public and separate elementary schools received group instruction and education in brushing, flossing, general oral hygiene, nutrition and proper dental habits. Staff from the health unit provided these services, as well as all required supplies, including limited commercially-donated toothpaste and brush kits.

The city-based fluoride rinse-in program was continued in 17 need-selected schools and these procedures were supervised by staff from this division. The fact that our community water is fluoridated negated the provisos of this service to all city schools, however, the program still accounted for a total of 87,741 individual rinses.

Wentworth County: The bi-weekly fluoride rinses were made available to all public and separate elementary school children, utilizing volunteer parents as supervisors.

The educational and instructional component was changed this year and thereby followed the same format as in the city. Whenever possible, additional grades were included in the program as well.

SPECIAL ACTIVITIES:

Although the preventive service is essentially school-based, there is an active dental preventive program which is carried on outside of this arena which helps to ensure that the entire program carries universality to as many citizens as possible. Some of these special programs are as follows:

- *Amity Rehabilitation Centre* was visited regularly with inspections and specialized hygiene instructions given to many of the handicapped employees therein. This included a total of 313 individual services.
- *Participation House* received regular visits and a total of 260 brush-ins were completed during the year. In addition, 27 patients received examinations, prophylaxes and scalings, necessary x-rays and referrals for treatment in a program carried out in conjunction with the Hamilton Academy of Dentistry at the Mountain Dental Clinic during the summer.
- *St. Joseph's Hospital* received professional hygiene services for 20 patients receiving renal dialysis treatments, who require superior oral hygiene conditions.
- other institutions such as the Chedoke Cerebral Palsy Centre, Chedoke Continuing Care Centre and Glenwood School for the Handicapped were visited and brushing and hygiene instructions were provided to residents, staff and relatives where available.
- the child residents of 16 nursery schools were given dental instruction, however, these schools were only visited if assurance was previously obtained that most parents would be available to reinforce the learning procedure at home.
- several miscellaneous groups were recipients of lectures and instruction throughout the course of the year. Some of these include the graduating class of nursing assistants, Beaver groups, new English groups, teacher's workshop, Community Centres, and Prenatal groups, etc.
- during the nursing division's pre-school registration program, a dental card was distributed for completion and returned by the family dentist. A return rate to our office of approximately 40% was realized and this proved encouraging.

- non school term topical fluoride clinics were made available to children of the Region primarily and this resulted in a total of 119 brush-ins and professional fluoride applications. This figure is down somewhat from previous years and would tend to indicate that more treatment is being accomplished in the private marketplace.
- the Dental Division was again active in areas such as Health Fairs, Dental Health Week Programs, Mouth-guard Clinics and professional updating courses during 1979.

The following are statistics to provide an idea of the number of services provided by the preventive dentistry teams throughout the past year:

The foregoing statistics indicate a large increase in provided services throughout the school year, using the same staff complement. I would like to take this opportunity to thank and commend the staff on the enthusiasm which they have shown to make this service available to so many more of the children of Hamilton and Wentworth Region.

1979 Screening Program (Includes Current Ministry Survey)

City Children	Country Children	Nursery School Children	Other Institution Residents
4,690	1,015	560	205

1979 School Brush-In and Educational Program

Total City Public and Separate Elementary School Enrolment	Total Children in Selected Grades of Schools	Number and Participation Rate in Selected Grades	% of Children Receiving Service Compared to Total Enrolment
40,024	23,086	21,737 (94%)	54.3%

Total Country, Public and Separate Elementary School Enrolment	Total Children in Selected Grades of School	Number and Participation Rate in Selected Grades	% of Children Receiving Service Compared to Total Enrolment
14,918	8,051	7,654 (95%)	51.3%

School Grand Totals

54,942	31,137	29,391 (94.4%)	53.5%
--------	--------	----------------	-------

Total Number of Nursery Schools Visited	Total Enrolment of These Nursery Schools	Number and Participation Rate
16	624	611 (98%)

Total Number of Other Institutions Visited	Total Enrolment of these Institutions	Number and Participation Rate
11	716	633 (88%)

Respectfully submitted,

G. A. Tipping, D.D.S., D.D.P.H.,
Director,
Community Dental Health Services

1. List activities relating to the following services: Consulting, Educational and Promotional

Activity	Schools	Colleges/ Universities	Hospitals	Community Agencies	Professional Assoc/Groups	Other
No. of contacts/visits (except for groups)	7	6		4	3	
No. of Group Sessions	14	13		7	2	3
Attendance at above sessions	450	282		164	53	85

2. List activities relating to general Community Promotion and Education

Medium Used	No	Type of Message	No
Radio	X	Promotion of Services	X
Television		Education/Technical	X
Newspaper	X	Education re F.P. Program	
Newsletter		General Reports	
Other (displays,)		Other	

II. Individual Counselling Activities

(These activities should NOT include services in clinics with physicians presnet).

List number of clients receiving counselling, education, referral and treatment services.

Number of receivers of service: New or first contacts

Follow up or revisit contacts

Age	Females			Males			Total
	Single	Married	Other	Single	Married	Other	
Under 16	221		2,397	49	527	Unrecorded	3,194
16 to 17	953	3	Unrecorded	124			1,080
18 to 25	1,762			432			2,194
26 to 34	126	37		87			250
34 & over	10	16		2			28
TOTAL	3,072	56	2,397	694	527		6,746

Source of Referrals:		Locale where counselling/ education was provided:	Services Provided		
			Counselling for:	Contraceptive chosen:	Referrals to:
<input type="text"/>	Self		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Friend	<input type="text"/>	2218 Contraception	1928 Oral Contraceptive	<input type="text"/>
<input type="text"/>	Physician	<input checked="" type="checkbox"/>	285 Pregnancy	81 I. U. D.	<input type="text"/>
<input type="text"/>	PHN/Internal	<input type="text"/>	2 Infertility	13 Natural	<input type="text"/>
<input type="text"/>	Hospital	<input type="text"/>	<input type="text"/>	11 Sterilization	<input type="text"/>
<input type="text"/>	Other Health Agency	<input type="text"/>	548 Other (Nutrition, Self-Exam).	184 Other (Condom, Diaphragm)	<input type="text"/>
<input type="text"/>	Social Agency	<input type="text"/>			<input type="text"/>
<input type="text"/>	School	<input type="text"/>	824 - Other		<input type="text"/>
<input type="text"/>	Other	<input type="text"/>			<input type="text"/>
				<input type="text"/>	<input type="text"/>
				Total	

DENTAL DIVISION PREVENTIVE SUMMARY 1979

Brush-In:

		Total Number of Schools	Number of Schools Visited			Grade Enrolment	Number Educated	Number Brushed
City:	Public Schools	79	61	City:	Public Schools	15,732	14,749	14,749
	Separate Schools	40	29		Separate Schools	7,354	6,988	6,988
County:	Public Schools	42	40	County:	Public Schools	5,478	5,246	5,157
	Separate Schools	11	11		Separate Schools	2,573	2,497	2,497
Other:	Nursery, Special Education, etc.	22	22	Other:			1,483	1,459
					Parents present Examination	171 6,123		
		Total School Enrolment	Total Enrolment of Participating Schools	Clinics:	St. Joseph's Hospital	20 patients		
City:	Public Schools	25,533	19,750		Fluoride Clinic	119 patients		
	Separate Schools	14,491	10,309		Prenatal	18 patients		
County:	Public Schools	10,900	10,120					
	Separate Schools	4,018	4,018					

Rinse-In

School	Class Enrolment	Rinse Enrolment	Rinsed	Number Sessions	Average Partic.
Allenby	120	115	2,214	21	105
Bennetto	290	262	4,734	21	225
Centennial (June '79)	376	302	3,367	12	281
Hess (June '79)	272	212	1,706	9	190
Holy Family	430	430	8,811	21	420
Lake Avenue	610	565	10,978	20	549
Parkdale	179	163	2,793	18	155
Robert Land	309	256	4,491	20	225
Roxborough Park	240	208	3,827	19	201
St. Brigids	520	468	8,401	20	420
St. Emerics	115	102	577	6	96
St. Helens	364	325	6,132	20	307
	<u>3825</u>	<u>3408</u>	<u>58,031</u>	<u>207</u>	<u>3174</u>

DENTAL TREATMENT DIVISION

	Centennial Centennial	East End No. 1	East End No. 2	Hess	Mountain	Totals
Total Number						
App't Worked	1552	2090	2047	1959	1556	9204
Examinations	483	1150	844	586	715	3778
Radiographs	923	2387	1524	2200	1324	8358
Prophylaxis	435	1038	766	596	654	3489
Fluoride	431	1027	530	576	650	3214
O.H.I.	148	136	37	76	74	471
Decid. Extr.	230	116	87	293	122	848
Perm. Extr.	52	17	46	79	44	238
Amal. 1 surface	628	521	826	535	551	3061
Amal. 2 surface	257	422	454	671	654	2458
Amal. 3 surface	51	26	74	235	157	2458
Anterior restor.	71	79	97	200	123	570
S.S.C.	0	0	1	0	8	9
Pulpotomy	59	26	34	136	104	359
Endo	0	0	31	31	15	77
Space M	7	0	0	24	5	36
Other	127	133	368	1125	246	1999
Completed cases	333	926	676	425	595	2955
Total Operations to date ...	3754	6942	5682	7287	5372	29037
Indiv. Patients	463	948	806	594	649	3460
No. Broken Appointments..	183	173	206	139	163	864
Backlog to date	9	39	112	94	81	335
No. Families Applying	145	319	—	158	166	788
No. Families Refused	47	105	—	34	36	222

Chedoke Hospital:

No. Clinics	2	No. Patients	4
Decid. Ext.	18	Restorations	14
Perm. Ext.	4	Other Procedures	0

Child and Adolescent Services Annual Report 1979

Looking back over the last year, I would describe it as a year of consolidation, getting used to the new data collection system, ironing out kinks in the new Intake process, and learning how to relate to the new Children's Services Division (Under COMSOC). Our Chief Psychologist, Dr. Walter Dacko, left the clinic early in January to further his education. He was replaced by Dr. Doug Brown formerly our Program Consultant from the Ministry, who joined us in April. Another new staff to join our Clinic was Debra Lloyd. She replaced Gloria Cabaluna as Psychometrist on the East End Team. A further change was the re-marriage of our Director which aroused some concerns on the part of the staff about her likelihood to continue on in her job.

Nevertheless, the usual activities of the Child and Adolescent Services continued without interruption. The number of new cases admitted was approximately the same as the year before; there were more re-referrals, and somewhat fewer cases carried over from the year before. The total caseload carried over the year was approximately the same (only five less) as can be seen from Table 1.

Table 1
Total Caseload

	NEW CASES	RE-REFERRALS	CARRIED	TOTAL
1978	617	75	1173	1865
1979	606	105	1149	1860

In terms of the pattern of referral by age and sex, there were slightly more adolescents (over 13 years) referred during 1979 than during 1978. As can be seen by the following table, 37% of the new referrals in 1979 were over 13 years as compared to 33.6% in 1978.

Table 2
Referrals By Age

	Under 13 Years		Over 13 Years		Totals
	Number	Percent	Number	Percent	
1978	409	67.4	208	33.6	617
1979	383	63.0	223	37.0	606

The trend established in 1978 of increasing numbers of girls being referred, as compared to boys, became more firmly entrenched in 1979. The ratio of boys over girls (which used to be 4 to 1) and which was slightly more than 2 to 1 in 1978, is now less than 2 to 1. In 1979, 6% more girls were referred.

Table 3
Referrals by Sex

	Males		Females		TOTALS
	No.	%	No.	%	
1978	423	69	194	31	617
1979	382	63	224	37	606

Our new method of data collection and statistics recording requires that the source of referral be noted when parents phone in to refer their children. Thus, even though the same number of parents phoned in, the records show that many of these referrals were initiated by the physician, police or school. Thus we note an increase in percentage of the number of referrals made by physicians, police and school personnel, and a decrease in number of parent referrals. (See Table 4). Of particular interest is the increase in referrals from the C.A.S. agencies (more than doubled). The new Child Welfare Legislation which came into effect during 1979 is directly responsible for this increase, and we can expect a greater increase in Children's Aid referrals in 1980.

Table 4
1979 - Referral Sources

	1978	1979
Parents	39.8%	25.6%
Court Related	13.8%	15.3%
School	16.5%	21.5%
Physicians	12.8%	15.5%
C.A.S.	4.7%	8.9%
P.H.N.	6.5%	6.9%
Other	5.9%	6.3%

A look at the diagnostic categories of the cases terminated shows an increase in the number of Transient Situational Disturbances and Behaviour Disorders, but a decrease in the number of mental disorders associated with physical conditions, in the number of children with Borderline (I.Q. 52 - 67), and in the number of children with personality disorders and neuroses. This shift suggests that of the cases terminated, the increase was in those kinds of cases that are easier to treat. The decrease was in cases that are more resistant to treatment and tend to remain longer in treatment.

Regarding the modes of treatment carried out at our clinic, the largest number of sessions (assessment and treatment) were carried out on an individual basis. Family Assessments and Family Therapy sessions follow in popularity. All the professional staff (except for the Pediatricians) utilize the family approach. Conferences are widely used to share information about the child with other significant people in her/his life, and to

together plan the best treatment approach. Play therapy and remediation via the use of Volunteer Tutor-Therapists are also extensively utilized. A look at Table 5 shows also the importance of speech therapy at our clinic.

Indirect services to children are also offered by our Clinic. The following table, Table 6, shows the number of sessions spent by staff contributing to advisory boards, community co-ordinating teams, agency boards, and public talks and speeches. (Listed in Appendix 1)

Table 5
Staff Activity Report

Activity	No. of Sessions						Total
	Psychiatry	Psychology	Social Work	Child Care	Speech	Paediatrics	
Family Sessions (Ass./Therapy)	402	508	548	488	63	—	2009
Marital Sessions	24	86	102	178	2	—	392
Psychological Assessments	—	360	—	3	—	—	363
Group Therapy	69	136	48	218	—	—	471
Play Therapy (Ind. Child)	18	90	119	586	—	—	813
Individual (Ass./Therapy)	421	682	524	586	33	11	2257
Volunteer (under supervision)	5	695	9	33	35	—	777
Speech (Ass./Therapy)	—	—	—	—	1015	—	1015
Conferences (inside Clinic)	323	554	479	604	187	—	2147
Review of Cases	—	140	40	139	108	—	427
Conference at school /other agency	26	133	153	104	31	—	447
Phone Calls (15 min. +)	310	365	429	453	21	—	1578
Total Sessions	1598	3749	2451	3392	1485	11	12696

Table 6

Activity	Number of Sessions				
	Psychology	Social Work	Child Care	Speech	Total
Sit on Community Coordinating Team	73	27	19		119
Advisory Committee	4	38	12	13	67
Agency Board	22	29	1		52
Public Talks	38	11	11	4	64

Additional assistance given the community by our staff was the special work Don Mandryk did for the Family Service Agency's Child Developmental Program in Family Life where he talked to parents about speech and language development. The director assisted the A.A.T.D. Administrative Team by serving as Vice-Chairman for 1979.

John Prinzen served as President of the Dawn Patrol Group Homes in 1979.

A major event that took place in 1979 was the move of our East End Clinic from the Harvey Building to the Queenston Motors Building an attractively designed and furnished set of offices. Sincere thanks for facilitating the move with a minimum of inconvenience to the service must go to Jack Southall, Don Elder and Larry Brigham. An Open House Party was held at the new location on June 29, 1979.

In the coming year we hope to complete our evaluation studies of single-parent families (now being directed by our Chief Psychologist, Dr. Doug Brown), and to implement the knowledge that comes out of the research. We also plan to re-examine our Intake process in the hope of setting up clear priorities, and to work out jointly with Chedoke Child and Family Centre each of our mandates.

(Mrs.) Mary Blum-Devor,
Clinical Director, C.A.C. Services

APPENDIX 1

Indirect Services:

Sit on Community Coordinating Team

—	Name of Organization or Groups
Psychology:	C.A.S., A.A.T.D., Children's Planning Committee, Child Abuse Management Team, Human Resources Co-op, H.I.T., CODA, Emergency Adolescent Placement.
Social Work:	A.A.T.D., Pre-Natal Council, Unified Family Court, Human Resources Co-op.
Child Care:	Community Youth Group, Child Care Workers Association, Hamilton Health Council.

Advisory Committee

Psychology:	Court Conciliation, Social Action, O.P.A., Relocation Committee, Group Resources.
Social Work:	Homestead, Dawn Patrol; Wentworth County Early Leaving; Parent Development
Child Care:	Child Care Workers Advisory Committee, Staff Financial Advisory; Salem Mental Health; Calvin Christian School.
Speech:	Hamilton Health Council - Group A, Staff Financial Advisory

Public Talks, Speeches, etc.

Psychology:	C.A.S.; O.P.A.; Parent Education Assoc., Zonta, TV, Radio, Chiropractic College, New Health Unit Staff, Family Practice Unit, Board of Education, Halton C.A.S., Coop Parents, Police, Human Resources, Lawyers, Social Workers, G.E.P., PACT, Reg. Soc. Services, MUMC, Ministry of Health, Chedoke, Courts, Church Groups, Nat. Council of Jewish Women, CEC, Reg. School of Nursing, Day Care Centre, Erindale College, Mock Trial
Social Work:	Schools, Church Groups, Single Parent Groups, Day Nursery, Kiwanis, Mohawk College, McMaster

Indirect Services:

Child Care:	School of Social Work, Church Groups, Mental Health/ Hamilton, McMaster Seminar, Int. Year of the Child - McMaster
Speech:	Family Service Agency; Halton Assoc. of Early Childhood Education, Hamilton Parent Part. Pre-School

Agency Board:

Psychology:	Social Planning Council, G.E.P., HIT
Social Work:	Dawn Patrol, Homestead, Community Information Service
Child Care:	Group Resources

Inspection Division Annual Report 1979

This year we were fortunate enough to be given sufficient space in the main building for all of our inspectors to be located in the one office. They can now, by inter-relating person to person quickly solve many of their problems. It has also been a great advantage for management. We are now able to handle situations that require our immediate attention, and also to call impromptu staff meetings when the need arises. All our equipment is stored in one office with one inspector being designated to store, record, and issue this material on request. This way, equipment is always readily available and none is misplaced.

Mitch Serafin and Lou D'Allesandro resigned their posts as Public Health Inspectors and were replaced by Lorraine Brennan and Sue Henry. Both Miss Brennan and Miss Henry had taken their field training with this Health Unit.

We hired seven Public Health Inspector Trainees from Ryerson Polytechnical Institute for the summer months and were able to continue with our Mosquito Control Programme, inspection of summer camps and swimming pools and daily sampling of lake waters, as well as general sanitation which resulted in the posting of some areas as unfit for swimming for certain periods of time. However, Lake Ontario did not get warm enough this summer for comfortable bathing for more than a one week period.

The Mosquito Control Programme was successful again this year as evidenced by very few adult mosquitos in the areas that were treated for larvae. The larvae were sent to the Ministry of the Environment in Vineland for identification and 33% were identified as *Culex pipiens* which are the suspected carriers of encephalitis and most of these species were located in catch basins.

Because of the dangers of carbon monoxide in enclosed skating arenas a programme was set up to test each of the arenas with our monoxor testing equipment on a regular basis. All those showing a high carbon monoxide reading were either ordered closed or asked to make immediate corrections. The main causes were lack of suitable mechanical ventilation in the rinks or improper equipment being used on the ice surface. This problem is now under control.

Due to the various types of lodging houses throughout the region, we identified those providing residential care. There are 47 in all. These were then scheduled on our computer programme for one inspection monthly with

each inspector given guidelines for his inspection of the premises. This has proven very helpful in improving the standards in these homes.

We received several reported cases of food poisoning within a two week period which led to the investigation of one of our local restaurants. The symptoms reported were suspect of salmonella. Our inspector found that the dressed chickens were sometimes being washed prior to cooking in the same sinks as those used for washing the salads. In each instance the person who became ill had eaten from the salad bar. This method of washing was immediately discontinued and there were no further instances of food poisoning.

There were fewer reports of rabies this year than last, although there were 6 cases of human involvement.

Our inspectors attended training courses on Salmonella, pesticides, mosquito control and several inspectors attended the Canadian Institute of Public Health Inspectors Conferences during the year and all reported back to team meetings. We set up a display at the Greater Hamilton Shopping Centre for the Public Health Fair. A few short courses in food handling were given to local food operators.

Our programme under Part VII of the Environmental Protection Act has improved by the addition of one more inspector to the rural areas. This has made a fairer distribution of our Public Health Inspectors services throughout the region. The work is now completed on schedule and more time allowed for a thorough review of land severances, subdivisions and applications for Certificates of Approval.

Our Chief Inspector Mr. Shimoda has had a successful year with his court appearances and has had excellent co-operation from the City of Hamilton Legal Department in the processing and prosecution of these cases.

Our Regional Solicitors have been of great assistance to us in many of our other problems pertaining to Ontario Municipal Board hearings and Appeal Board hearings, as well as advising us on many other day to day activities.

Many thanks to the Inspectors and office staff for their co-operation during the year and to Dr. Cunningham, Dr. Browne and the Board of Health for their kind assistance and understanding.

A. A. Tomlinson, C.P.H.I.(C)
Director of Inspection Services

Court Cases 1979

Type of Premises	Charge	Outcome
1. Shopping Mall	By-law	In Absentia / Guilty / \$300.00
2. Dwelling	By-law	Found Guilty / \$150.00
3. Dwelling	1) Environmental Prt. Act	Pleaded Guilty
	2) Public Health Act	1) suspended sentence
		2) \$300.00
4. Food Premises	Public Health Act (Food Prem. Regulation)	Guilty / \$50.00
5. Dwelling	By-law (2 charges)	Guilty / \$200.00 & \$50.00
6. Dwelling	By-law	Dismissed
7. Dwelling	By-law	Guilty / \$100.00
8. Dwelling	By-law	Guilty / \$200.00
9. Dwelling	By-law	Guilty / \$100.00
10. Food Premises	Public Health Act (Food Prem. Regulation)	Guilty / \$100.00
11. Food Premises	Public Health Act (Food Prem. Regulation)	Pleaded Guilty / \$100.00
12. Dwelling	By-law	Pleaded Guilty / \$200.00
13. Dwelling	By-law	Pleaded Guilty / \$100.00
14. Food Premises	Public Health Act (Food Prem. Regulation)	Pleaded Guilty / \$100.00
15. Dwelling	By-law	Dismissal
16. Food Premises	Public Health Act (Food Prem. Regulation)	Guilty / \$300.00
Total Cases 16		
Total Fines \$2,350.00		

Recap of Scheduled Premises for Year 1979

District	Number of Scheduled Premises		Inspections Scheduled to Date	Number of Calls Made		Completion Rate	
1. West Hamilton	266	(241)	1236	769	(990)	62%	(86)
2. Central Hamilton	255	(245)	1175	1070	(982)	91%	(89)
3. Central Hamilton	228	(217)	1338	1266	(1159)	95%	(94)
4. Central Hamilton	190	(167)	956	755	(674)	79%	(84)
5. Central Hamilton	180	(189)	835	727	(621)	87%	(79)
6. Central Hamilton	205	(185)	955	882	(718)	92%	(91)
7. East End	161	(159)	795	690	(668)	87%	(90)
8. East End	180	(160)	855	861	(758)	101%	(98)
9. East End	214	(168)	935	845	(650)	90%	(85)
10. East End	246	(245)	1093	1046	(1152)	96%	(112)
11. County	218	(174)	1096	942	(918)	86%	(97)
12. East Mountain	192	(176)	822	754	(683)	92%	(94)
13. West Mountain	240	(229)	1038	868	(1046)	84%	(105)
14. County	41	(81)	254	239	(412)	94%	(91)
15. County	174	(205)	903	637	(736)	71%	(62)
16. County	215	(79)	963	537	(640)	56%	(85)
17. Miscellaneous	68	(30)	462	416	(246)	90%	(91)
Totals	3273	(2950)	15711	13304	(13071)	85%	(90)
Averages	192	(173)	924	783	(768)	85%	(90)

*Numbers in brackets are for 1978

Swab Reports

Total number of culture swabs from eating and drinking utensils, 1979.

Quarter	Bars and Beverage Rooms	Eating Establishments	Total
1st Quarter	288 (294)	781 (712)	1069 (1006)
2nd Quarter	316 (254)	561 (792)	877 (1046)
3rd Quarter	278 (301)	671 (763)	949 (1064)
4th Quarter	354 (184)	882 (773)	1236 (957)
Totals	1236 (1033)	2895 (3040)	4131 (4073)

*Numbers in brackets are for 1978.

Recap of Rabies Examinations

Animals	Negative	Positive
Dogs	11 (9)	4 (5)
Cats	14 (21)	1 (2)
Farm Animals	6 (4)	3 (3)
Foxes	0 (5)	11 (8)
Skunks	8 (4)	9 (9)
Bats	10 (12)	0 (0)
Totals	62 (63)	28 (27)

*Numbers in brackets are for 1978.

Total Inspections for Year 1979

No.	Sched. Food Insp.	R	Sched. Other Insp.	R	Complaints	R	Lic. Insp.	R	Other Visits	R	Septic Tanks	R	Compl. Septic Tanks	Totals
1	804	99	101	3	723	332	89	39	260	8	4	1	0	2463
2	1072	73	110	3	508	217	84	61	210	3	0	0	0	2341
3	1334	68	111	8	415	190	176	143	282	55	5	0	0	2787
4	730	88	107	15	585	533	80	115	171	0	0	0	0	2424
5	788	63	106	2	577	391	79	59	160	18	0	0	0	2243
6	778	148	104	3	417	592	44	91	134	60	2	0	0	2373
7	660	64	87	8	487	544	61	92	175	12	0	0	0	2190
8	1031	60	123	4	347	225	62	56	459	31	0	0	0	2398
9	814	75	193	4	446	226	58	30	188	4	0	0	0	2038
10	949	40	90	0	479	277	62	76	96	16	15	0	0	2100
11	1204	18	28	1	503	128	72	5	227	6	115	1	46	2354
12	759	44	143	0	682	342	75	82	218	13	95	2	5	2460
13	912	102	118	1	465	181	82	77	199	8	2	0	0	2147
14	288	52	53	7	109	59	13	19	298	22	38	78	16	1052
15	708	131	166	16	167	84	3	0	568	6	187	41	4	2081
16	475	117	94	29	105	74	44	2	703	11	249	127	89	2119
17	326	0	153	0	61	0	3	0	3178	10	0	0	0	3731
	13632	1242	1887	104	7076	4395	1087	947	7526	283	712	250	160	39301

FINANCIAL STATEMENTS OF BOARD OF HEALTH
JANUARY 1st, 1979 TO DECEMBER 31st, 1979

Revenue:

Province of Ontario:

Public Health Grant (Ministry of Health)	\$ 2,187,700
Mental Health Grant (Ministry of Community and Social Services)	655,087
Mosquito Control Grant (Ministry of Health)	12,736

City of Hamilton:

Dental Treatment Clinic	263,953
-------------------------------	---------

Regional Municipality of Hamilton-Wentworth	732,541
--	----------------

Fees for Service:

Immunization	2,000
Land Severance & Septic Tank Inspections	53,300
	<u>\$ 3,907,317</u>

Planned Parenthood:

Revenue	\$ 85,470
---------------	-----------

Expenditures:

Administration	469,697
Maternal & Child Care	
School Health Services	
Public Health Dental Services	131,658
Public Health Nursing Services	1,841,748
Public Health Inspection Services	528,192
Child & Adolescent Services	655,087
Dental Treatment Services	263,953
Mosquito Control Programme	16,982
	<u>\$ 3,907,317</u>

Planned Parenthood Centre	\$ 85,470
---------------------------------	-----------

Per Capita Costs

Year	Population Served	3 Level Participation	Cost Per Capita
1979	412,000	3,907,317	\$ 9.48
1978	412,000	3,704,920	8.99

CERTAIN COMMUNICABLE DISEASES REPORTED - ALL AGES

DISEASES	DATE LAST REPORTED	CASES (DEATHS)	
		1979	1978
Diphtheria	1977	1	0
Dysentery (a) Amoebic	1977	1	0
(b) Bacillary		9	6
(c) Unspecified & Other		0	0
Encephalitis (a) St. Louis	1975	0	0
(b) Unspecified		1	0
(c) Infectious		0	6
Gastroenteritis (a) Staphylococcus Intoxication		0	0
(b) Salmonella with food as vehicle of infection		89 (1)	115
(c) Unspecified		0	0
Hepatitis (a) Infectious & Serum		28	7
(b) Other & Unspecified		5	6
Legionnaire's Disease	1978	0	1
Malaria		2	0
Measles (a) Rubella (German)		11	12
(b) Rubeola (Red)		22	43
Meningitis, Viral or Aseptic (a) due to Poliovirus		0	0
(b) due to mumps		0	2
(c) due to Diplococcus Pneumonia		2	1
(d) Staphylococcal		0	1
(e) Hemophilus Influenzae		10	5 (1)
(f) E. Coli		0	1
(g) Other & Unspecified		23	19
Meningococcal Infections		15 (2)	29 (6)
Pertussis (Whooping Cough)		24	41
Poliomyelitis	1959	0	0
Reye's Syndrome (Assoc. w/Chickenpox)	1979	0 (1)	0 (1)
Scarlet Fever & Streptococcal Sore Throat		40	9
Tuberculosis, New Cases (a) Pulmonary		21 (4)	21
(b) Other		8	6
Typhoid & Paratyphoid Fever (a) Typhoid		0	1
(b) Paratyphoid		0	0

DOSES OF IMMUNIZING AGENTS DISTRIBUTED TO PHYSICIANS IN THIS REGION IN 1979 (BY QUARTERS)

IMMUNIZING AGENT	JAN-MAR	APRIL-JUNE	JULY-SEPT	OCT-DEC	TOTAL
Diphtheria, Tetanus Pertussis and Polio Vaccine (1)	6,090	8,595	9,770	4,980	29,435
Diphtheria, Tetanus & Polio Vaccine	3,470	3,500	3,165	1,881	12,016
Tetanus & Polio Vaccine	1,830	8,960	5,330	2,510	18,630
Polio Vaccine	1,840	1,435	1,620	820	5,715
Tetanus Toxoid	3,109	2,990	3,741	3,345	13,185
Measles, Mumps and Rubella Vaccine	3,179	3,521	3,154	2,362	12,216
Smallpox Vaccine	1,130	1,304	779	323	3,536
Rubella Vaccine	290	235	603	298	1,426
Rabies Vaccine et. al.	—	—	—	—	428
Miscellaneous	—	—	—	—	4,886

Yearly TOTAL of Distributed Immunogens, etc.

101,473

- NOTES: (1) Assuming that children are being immunized according to the recommended schedule (i.e., 3 doses in first year; one in second year; and one in fifth year) we should have distributed 25.5 thousand doses of Diphtheria, Tetanus, Pertussis and Polio Vaccine. The consumption for 1978 represents a theoretical coverage of 83.1%)
- (2) Data is collected by staff who requisition from the Ministry of Health, Toronto, store and disburse on demand.

1979 Annual Immunization

Total Attendance at Clinic 1,021
Total Doses Given at Clinic 1,316

Vaccine	Initial Doses	Reinforcing Doses	
Cholera	224	184	
Smallpox	7	201	
TAB	52	22	
Typhus	56	13	
Polio	12	21	
Typhoid	128	40	
Tet-Polio	27	245	
Tetanus	-	4	
Rubella	-	1	
Other	53	6	
Schick & Control	16	4	
	<u>575</u>	<u>741</u>	= 1,316

Venereal Disease

Total Cases Reported in 1979

Age Group	Gonorrhea			Syphilis		
	Male	Female	Total	Male	Female	Total
0 - 19	43	127	170	-	3	3
20 - 24	164	188	352	8	4	12
25 - 39	176	96	272	18	14	32
40 +	21	12	33	13	3	16
Not stated	13	12	25	1	0	1
Totals	417	435	852	40	24	64
'78 Totals	321	315	636	36	16	52

1979 Clinic Information

	1979	1978
Total Attendance at Special Treatment Clinic .	2081	2108
Total New Patients (1st attendance)	1045	998
- Diagnosed as Gonorrhea	246	250
- Diagnosed as Syphilis	7	11

CAUSES OF DEATH 1980

	1978	1979
Heart	1473	1228
Malignant Neoplasms (Cancer)	398	522
Vascular Lesions (C.S.N.)	182	196
Accidental Causes (not suicide)	54	80
Infant Deaths (1 yr. & under)	31	45
Diseases of the Arteries	2	32
Pneumonia-Bronchitis	230	240
Diabetes Mellitus	7	45
Suicide	18	33
Nephritis Nephrosis (Kidney)	19	42
Stillborns	34	21
All Other Causes	450	501
Tuberculosis	1	4

INFANT DEATHS

	1978	1979
Immaturity & Ill Defined	12	11
Congenital Malformations	12	6
Post-Natal Asphyxia	4	6
Birth Injuries	-	-
Pneumonia-Bronchitis	6	3
Accidental	8	12
Infections of Newborns	-	2
Other Diseases of Infancy	4	2
All Other Causes	12	14

Appendix "A"

DEMOGRAPHIC SUMMARY

Last Available Five Years - 1975 - 1979

YEAR	POPULATION	LIVE BIRTHS		TOTAL DEATHS		NATURAL INCREASE	
		Number	Rate (1)	Number	Rate(1)	Number	Rate (1)
1975 (2)	416,700	5813	14.2	2869	7.0	3181	7.6
1976 (2)	409,490	5699	13.9	3176	7.8	2523	6.1
1977	411,128	5587	13.6	3215	7.81	2372	5.79
1978	414,918	5587	13.5	3309	7.97	2278	5.5
1979	410,000	5503	13.4	2934	7.1	2569	6.2

Last Available Five Years - 1975 - 1979

LIVE BIRTHS, MATERNAL, INFANT MORTALITY & STILLBIRTHS

YEAR	LIVE BIRTHS	INFANT DEATHS		STILLBIRTHS	
		Number	Rate	Number	Rate
1975 (2)	5815	71	12.2	86	14.8
1976 (2)	5699	65	11.4	93	16.3
1977 (2)	5587	61	10.9	97	17.4
1978 (2)	5571	70	12.6	69	12.4
1979	5503	56	10.1	21	3.8

(1) Per thousand population

(2) Reference: "Some Vital Statistics" prepared by Province of Ontario

HAMILTON PUBLIC LIBRARY



3 2022 21292302 9